

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Candidate Senator David DavisAddress 544 Main StreetTelephone 228-270-0001 Fax 228-466-9233Contact Name STEPHEN M Burrell Email asjburrell@yahoo.comOffice Sought Senate Political Party Democrat☐ Check here if above is different from previous report**TYPE OF REPORT**

- ☐ **May 25, 2010 Pre-Election Report** (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ **June 15, 2010 Pre-Runoff Report** (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ **October 26, 2010 Pre-General Report** (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ **January 31, 2011 Annual Report** (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 45,725 + \$ 16,300 =	\$	\$ 62,025
Total amount of disbursements	\$ 25,496 + \$ 4,664 =	\$	\$ 30,160
Total amount of cash on hand		\$ 50,248.33	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate [Signature]Date 1/14/2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee DAVID BARIAReporting period 11/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John D Correnti</u>		<u>7/6/10</u>	\$ <u>500.00</u>
Mailing Address <u>336 Steeple Chase Dr</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Columbus, Ms 39705</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sound Insurance Solutions</u>		<u>7/7/10</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. Drawer 6949</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Gulfport, Ms 39506</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bobby PAC</u>		<u>6/28/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 242</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Bogue Chitto, Ms 39629</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tommy Vervaeke</u>		<u>7/10/10</u>	\$ <u>2000.00</u>
Mailing Address <u>301 Morningside Dr</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Mandeville, La 70448</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2000.00</u>

Name of Candidate or Committee DAVID BARRIAReporting period 1/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Business</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Brehm T BELL PLLC</u>	<u>7/14/10</u>	\$ <u>250.00</u>
Mailing Address <u>544 MAIN Street</u>	<u>9/23/10</u>	\$ <u>500.00</u>
City, State, Zip Code <u>Bay St Louis, Ms 39520</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Self</u>	<u>—/—/—</u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>750.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leo Seal</u>	<u>7/12/10</u>	\$ <u>400.00</u>
Mailing Address <u>116 UMAN Avenue</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Bay St Louis, Ms 39520</u>	<u>—/—/—</u>	\$
Name of Employer (Required) _____	<u>—/—/—</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert J OCCHI</u>	<u>8/27/10</u>	\$ <u>400.00</u>
Mailing Address <u>107 Shoreline Lane</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Gulfport, Ms 39503</u>	<u>—/—/—</u>	\$
Name of Employer (Required) <u>Coast Electric</u>	<u>—/—/—</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>400.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>IslandView Casino</u>	<u>9/7/10</u>	\$ <u>750.00</u>
Mailing Address <u>P.O. Box 1600</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Gulfport, Ms 39502-1600</u>	<u>—/—/—</u>	\$
Name of Employer (Required) _____	<u>—/—/—</u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>750.00</u>

Name of Candidate or Committee DAVID BARIA
 Reporting period 1/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Silver Slipper Casino, LLC</u>		<u>8/17/10</u>	\$ <u>750⁰⁰</u>
Mailing Address <u>P.O. Box 3270</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Bay St Louis, MS 39521</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>750⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Greg L Fahey</u>		<u>8/26/10</u>	\$ <u>400⁰⁰</u>
Mailing Address <u>P.O. Drawer 15099</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Hattiesburg, MS 39404</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>400⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CDM</u>		<u>8/23/10</u>	\$ <u>750⁰⁰</u>
Mailing Address <u>One Cambridge Place, 50 Hampshire</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Cambridge, Mass 02139</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>750⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ronald Henry Pierce</u>		<u>7/2/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>1400 Lake Over Road</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39215</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee DAVID BARRIA
Reporting period 1/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>White Spinner Inc</u>		<u>7/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 19816</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Mobile, AL 36670-0986</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		<u>8/23/10</u>	\$ <u>400.00</u>
Mailing Address <u>Mississippi Power Company Pac</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>P.O. Box 4079 - Gulfport, MS 39502</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>400.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Forge Consulting (Charley Schell)</u>		<u>9/17/10</u>	\$ <u>1250.00</u>
Mailing Address <u>11 Depot Street</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Hartwell, GA 30643</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MHA Political Action Committee</u>		<u>9/30/10</u>	\$ <u>750.00</u>
Mailing Address <u>P.O. Box 1909</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39130</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>750.00</u>

Name of Candidate or Committee

DAVID BAVIA

Reporting period

11/1/2010

through

12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hollywood Casino Inc</u>		<u>9/17/10</u>	\$ <u>150.00</u>
Mailing Address <u>711 Hollywood Blvd</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Ball St Louis, MS 39520</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>750.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael Dor Sylvia - Caples</u>		<u>8/8/10</u>	\$ <u>150.00</u>
Mailing Address <u>303 Vinica Cove</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>750.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Miss Select Health Care SAS</u>		<u>9/7/10</u>	\$ <u>150.00</u>
Mailing Address <u>14110 Airport Road, Suite 100</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Gulfport, MS 39503-4700</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>150.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Hospitality + Restaurant PAC</u>		<u>9/2/10</u>	\$ <u>150.00</u>
Mailing Address <u>130 Riverview Dr, Suite A</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Flowood, MS 39232</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>750.00</u>

Name of Candidate or Committee

DAVID BAVIA

Reporting period

11/1/2010

through

12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>T.L. Wallace Construction, Inc</u>		<u>8/19/10</u>	\$ <u>150.00</u>
Mailing Address <u>P.O. Box 523</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Columbia, Ms 39429</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>750.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Ind Pharmacies Ass</u>		<u>10/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>4209 Lakeland Drive, Suite 300</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Flowood, Ms 39232</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sandra J Everhardt</u>		<u>9/23/10</u>	\$ <u>2000.00</u>
Mailing Address <u>500 Eighth Street</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Bay St Louis, Ms 39520</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>8/30/10</u>	\$ <u>500.00</u>
Mailing Address <u>135 N Church Street</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Spartanburg, SC 29306</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee DAVID BARIA
Reporting period 11/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denbury Resources Inc</u>		<u>9/23/10</u>	\$ <u>500.00</u>
Mailing Address <u>5100 Tennyson Parkway, Ste 1200</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Plano, Tx 15024</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jim Warren</u>		<u>10/8/10</u>	\$ <u>150.00</u>
Mailing Address <u>P.O. Box 1005</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson, MS 39215-1005</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>150.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wellman, Inc</u>		<u>10/8/10</u>	\$ <u>150.00</u>
Mailing Address <u>3303 Port and Harbor Dr</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Bay St Louis, MS 39520</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>150.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Altria Client Services</u>		<u>10/5/10</u>	\$ <u>500.00</u>
Mailing Address <u>333 N Point Center E</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Alpharetta, GA 30022</u>		<u>—/—/—</u>	\$
Name of Employer (Required) _____		<u>—/—/—</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

DAVID BAVIA

Reporting period

11/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Waste Mgmt</u>		<u>10/4/10</u>	\$ <u>150⁰⁰</u>
Mailing Address <u>P.O. Box 3027</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Houston, TX 77253</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>150⁰⁰</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pharm Research and Manufacturers</u>		<u>9/23/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>950 F Street, NW</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Washington, DC 20004</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Performance Title Inc</u>		<u>8/17/10</u>	\$ <u>150⁰⁰</u>
Mailing Address <u>4405 E Aloha Dr #2</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Diamondhead, Ms 39525</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>150⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael D Fitzgerald</u>		<u>9/8/10</u>	\$ <u>1700⁰⁰</u>
Mailing Address <u>9007 Timbercreek Blvd</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Daphne, AL 36527</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1700⁰⁰</u>

Name of Candidate or Committee

DAVID BAYIA

Reporting period

11/1/2010

through

12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rhino Construction</u>		<u>9/7/10</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>544 Main Street</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Bay St Louis, MS 39520</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lumpkin + Reeves, PLLC</u>		<u>9/8/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>Post Office Drawer 1388</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Biloxi, MS 39533</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron Products Company</u>		<u>9/15/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 1300</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Entergy of Mississippi, Inc</u>		<u>9/15/10</u>	\$ <u>150⁰⁰</u>
Mailing Address		<u>___/___/___</u>	\$
City, State, Zip Code		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>750⁰⁰</u>

Name of Candidate or Committee

DAVID BARRIA

Reporting period

11/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>U.S. Consolidated Group, LLC</u>		<u>9/15/10</u>	\$ <u>225.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>225.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J.E. Roberts Jr</u>		<u>10/28/10</u>	\$ <u>300.00</u>
Mailing Address <u>410 South President Street</u>		____/____/____	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pitman, Germany, Roberts + Welsh</u>		<u>10/28/10</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 22985</u>		____/____/____	\$
City, State, Zip Code <u>JACKSON, MS 39225</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cable Pac Mcta</u>		<u>9/27/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 55867</u>		____/____/____	\$
City, State, Zip Code <u>JACKSON, MS 39296</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee

DAVID BARRIA

Reporting period

1/01/2010

through

12/31/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Walter Helms Boone</u>		<u>10/27/10</u>	\$ <u>1000.00</u>
Mailing Address <u>1305 Belvoir Pl</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, Ms 39202</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael D Cure</u>		<u>10/28/10</u>	\$ <u>1000.00</u>
Mailing Address <u>210 Hwy 90 Ste E</u>		___/___/___	\$
City, State, Zip Code <u>Waveland, Ms 39576</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JAMES L WARREN III</u>		<u>10/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1005</u>		___/___/___	\$
City, State, Zip Code <u>JACKSON, Ms 39215</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael T Jacques</u>		<u>10/28/10</u>	\$ <u>500.00</u>
Mailing Address <u>196 Chorman + Place, Ste 1</u>		___/___/___	\$
City, State, Zip Code <u>Ridgeland, Ms 39157</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

DAVID BAYIA

Reporting period

11/1/2010

through

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charles Hall</u>		<u>10/28/10</u>	\$ <u>500.00</u>
Mailing Address <u>254 Rolling Meadows</u>		___/___/___	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Germany</u>		<u>10/28/10</u>	\$ <u>250.00</u>
Mailing Address <u>3939 Stuart Place</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi American Life Ins Grp</u>		<u>10/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 12449</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39236</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Melissa B Difatta</u>		<u>10/28/10</u>	\$ <u>400.00</u>
Mailing Address <u>161 Gillespie St</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39202</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>400.00</u>

Name of Candidate or Committee DAVID BARIAReporting period 11/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cliff Johnson</u>		<u>10/28/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>701 Lakeridge Cove</u>		___/___/___	\$
City, State, Zip Code <u>Clinton, Ms 39056</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. Wright Hill, Jr</u>		<u>10/28/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>908 Fairview Street</u>		___/___/___	\$
City, State, Zip Code <u>Jackson, Ms 39202</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Timothy W Porter</u>		<u>10/27/10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>921 Montrose Dr</u>		___/___/___	\$
City, State, Zip Code <u>Ridgeland, Ms 39157</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Gloria D Williamson</u>		<u>10/27/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>509 A Church Ave</u>		___/___/___	\$
City, State, Zip Code <u>Philadelphia, MS 39350</u>		___/___/___	\$
Name of Employer (Required) _____		___/___/___	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250⁰⁰</u>

Name of Candidate or Committee

DAVID BAYIA

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ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/28/10	\$ 500.00
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/28/10	\$ 300.00
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/27/10	\$ 500.00
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/29/10	\$ 1000.00
Mailing Address		1/1/	\$
City, State, Zip Code		1/1/	\$
Name of Employer (Required)		1/1/	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee

DAVID BAVIA

Reporting period

11/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Liston/Lancaster PllcDate
(Mo., Day, Year)10/15/10Amount of each
receipt
this period\$ 500⁰⁰

Mailing Address

P.O. Box 645

City, State, Zip Code

Winona, Ms 38967-0645

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 500⁰⁰B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Ingram/WilkinsonDate
(Mo., Day, Year)10/19/10Amount of each
receipt
this period\$ 250⁰⁰

Mailing Address

P.O. Box 15039

City, State, Zip Code

Hattiesburg, Ms 39401

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 250⁰⁰C. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name

Carroll H IngramDate
(Mo., Day, Year)10/18/10Amount of each
receipt
this period\$ 250⁰⁰

Mailing Address

P.O. Box 15039

City, State, Zip Code

Hattiesburg, Ms 39404

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 250⁰⁰D. Source: ☐ Corporation ☐ PAC ☒ Individual ☐ Loan☐ Other (please specify) _____

Full name

Edward A Williamson, P.ADate
(Mo., Day, Year)10/28/10Amount of each
receipt
this period\$ 500⁰⁰

Mailing Address

P.O. Box 588

City, State, Zip Code

Philadelphia, Ms 39350

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 500⁰⁰

Name of Candidate or Committee

DAVID BARRIA

Reporting period

11/1/2010

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ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dupont</u>		<u>10 / 1 / 10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 80040</u>		<u> / / </u>	\$
City, State, Zip Code <u>Wilmington, DE 19880-0040</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Danny E Cupit</u>		<u>10 / 28 / 10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>P.O. Box 82929</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, Ms 39225</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500⁰⁰</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Coxwell + Associates, PLLC</u>		<u>10 / 28 / 10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>500 N State Street</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson, Ms 39201</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Myles A Parker</u>		<u>10 / 22 / 10</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>105 Antlers Lane</u>		<u> / / </u>	\$
City, State, Zip Code <u>Madison, Ms 39110</u>		<u> / / </u>	\$
Name of Employer (Required) _____		<u> / / </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500⁰⁰</u>

Name of Candidate or Committee DAVID BARIA

Reporting period 11/1/2010 through 12/31/2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carl Victor Welsh, III</u>		<u>10/28/10</u>	\$ <u>300.00</u>
Mailing Address <u>2733 Quail Run Road</u>		____/____/____	\$
City, State, Zip Code <u>Jackson, Ms 39211</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Crymes G Pittman</u>		<u>10/28/10</u>	\$ <u>300.00</u>
Mailing Address <u>410 S President</u>		____/____/____	\$
City, State, Zip Code <u>Jackson, Ms 39201</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE</u>		<u>12/10/10</u>	\$ <u>\$500.00</u>
Mailing Address _____		____/____/____	\$
City, State, Zip Code _____		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mrs Earl Fyke Jr</u>		<u>10/29/10</u>	\$ <u>500.00</u>
Mailing Address <u>2226 N Cheryl Dr</u>		____/____/____	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		____/____/____	\$
Name of Employer (Required) _____		____/____/____	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

DAVID BARIA

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ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/29/10	\$ 250.00
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Name of Employer (Required)		1/1/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		1/19/10	\$ 250.00
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Name of Employer (Required)		1/1/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		11/9/10	\$ 500.00
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Name of Employer (Required)		1/1/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		11/11/10	\$ 1000.00
Mailing Address		1/1/10	\$
City, State, Zip Code		1/1/10	\$
Name of Employer (Required)		1/1/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00

Name of Candidate or Committee

DAVID BAVIA

Reporting period

11/1/10

through 12/31/10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/16/10	\$ 1,000
Mailing Address		12/16/10	\$
City, State, Zip Code		12/16/10	\$
Name of Employer (Required)		12/16/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 2,000
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/31/10	\$ 500.00
Mailing Address		12/31/10	\$
City, State, Zip Code		12/31/10	\$
Name of Employer (Required)		12/31/10	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/31/10	\$
Mailing Address		12/31/10	\$
City, State, Zip Code		12/31/10	\$
Name of Employer (Required)		12/31/10	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		12/31/10	\$
Mailing Address		12/31/10	\$
City, State, Zip Code		12/31/10	\$
Name of Employer (Required)		12/31/10	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

DAVID BARIA

Reporting period

1/1/2010

through

12/31/2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Bay St Louis / Hancock County Library</u>	Date (Mo., Day, Year) <u>1/2/10</u>	Amount of each disbursement this period \$ <u>500⁰⁰</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500⁰⁰</u>
B. Full name <u>Pass Christian chamber</u>	Date (Mo., Day, Year) <u>3/1/10</u>	Amount of each disbursement this period \$ <u>600⁰⁰</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>600⁰⁰</u>
C. Full name <u>Brandon Jones</u>	Date (Mo., Day, Year) <u>4/29/10</u>	Amount of each disbursement this period \$ <u>500⁰⁰</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>500⁰⁰</u>
D. Full name <u>Adlib</u>	Date (Mo., Day, Year) <u>6/21/10</u>	Amount of each disbursement this period \$ <u>452⁰⁰</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$ <u>84⁰⁰</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>536⁰⁰</u>
E. Full name <u>Hollywood Casino</u>	Date (Mo., Day, Year) <u>7/21/10</u>	Amount of each disbursement this period \$ <u>1242.19</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1242.19</u>
F. Full name <u>Charleston Place Hotel</u>	Date (Mo., Day, Year) <u>8/9/10</u>	Amount of each disbursement this period \$ <u>819.23</u>
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>819.23</u>

Name of Candidate or Committee DAVID BAYLA
 Reporting period 1/1/2010 through 12/31/2010

ITEMIZED DISBURSEMENTS

A. Full name <u>GCUFC GOLF</u>	Date (Mo., Day, Year) <u>8/19/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
B. Full name <u>Liz Alderman Realty</u>	Date (Mo., Day, Year) <u>8/30/10</u>	Amount of each disbursement this period \$ <u>380.00</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>380.00</u>
C. Full name <u>US Post Office</u>	Date (Mo., Day, Year) <u>8/13/10</u>	Amount of each disbursement this period \$ <u>176.00</u>
Mailing Address		
City, State, Zip Code	<u>9/9/10</u>	\$ <u>17.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>253.00</u>
D. Full name <u>John Hosey Jr</u>	Date (Mo., Day, Year) <u>9/17/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>300.00</u>
E. Full name <u>US Post Office</u>	Date (Mo., Day, Year) <u>6/23/10</u>	Amount of each disbursement this period \$ <u>44.00</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>297.00</u>
F. Full name <u>Dorothy Hawkins</u>	Date (Mo., Day, Year) <u>10/4/10</u>	Amount of each disbursement this period \$ <u>1,000.00</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee DAVID BAYIAReporting period 11/1/2010 through 12/31/2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Jenny Bell</u>	<u>10/5/10</u>	\$ <u>518.95</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>518.95</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>The Bridges Golf Club</u>	<u>10/14/10</u>	\$ <u>800.91</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>800.91</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CSW Photography</u>	<u>10/14/10</u>	\$ <u>570.00</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>570.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Liz Aiderman</u>	<u>9/7/10</u>	\$ <u>95.00</u>
Mailing Address		
City, State, Zip Code	<u>11/1/10</u>	\$ <u>190.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>665.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Hope Haven</u>	<u>10/18/10</u>	\$ <u>4000.00</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>4000.00</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>BROAD Street</u>	<u>10/28/10</u>	\$ <u>753.67</u>
Mailing Address		
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>753.67</u>

Name of Candidate or Committee DAVID BARIA
Reporting period 11/1/2010 through 12/31/2010

ITEMIZED DISBURSEMENTS

A. Full name <u>Dorothy Hawkins</u>	Date (Mo., Day, Year) <u>11/1/10</u>	Amount of each disbursement this period \$ <u>781.91</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>781.91</u>
B. Full name <u>Lighting Quick Signs</u>	Date (Mo., Day, Year) <u>11/1/10</u>	Amount of each disbursement this period \$ <u>340.84</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>340.84</u>
C. Full name <u>Bridges Golf Club</u>	Date (Mo., Day, Year) <u>11/18/10</u>	Amount of each disbursement this period \$ <u>5471.77</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>6272.68</u>
D. Full name <u>AmeriMAIL Direct</u>	Date (Mo., Day, Year) <u>11/23/10</u>	Amount of each disbursement this period \$ <u>557.90</u>
Mailing Address		
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>557.90</u>
E. Full name <u>Fox Webco</u>	Date (Mo., Day, Year) <u>1/22/10</u>	Amount of each disbursement this period \$ <u>44.95</u>
Mailing Address		
City, State, Zip Code	<u>3/22/10</u>	\$ <u>44.95</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>89.90</u>
F. Full name <u>Fox Webco</u>	Date (Mo., Day, Year) <u>5/13/10</u>	Amount of each disbursement this period \$ <u>89.90</u>
Mailing Address		
City, State, Zip Code	<u>7/21/10</u>	\$ <u>44.95</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>224.75</u>

Name of Candidate or Committee

DAVID BARIA

Reporting period

1/01/10

through

12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STEPHEN Burrell</u>	<u>6/22/10</u>	\$ <u>156.25</u>
Mailing Address	<u>6/29/10</u>	\$ <u>137.50</u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u>293.75</u>
Purpose of Disbursement (Optional)		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STEPHEN Burrell</u>	<u>7/12/10</u>	\$ <u>268.75</u>
Mailing Address	<u>7/28/10</u>	\$ <u>137.50</u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u>700.00</u>
Purpose of Disbursement (Optional)		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Stephen Burrell</u>	<u>8/6/10</u>	\$ <u>343.75</u>
Mailing Address	<u>8/13/10</u>	\$ <u>250.00</u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u>1293.75</u>
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STEPHEN Burrell</u>	<u>8/25/10</u>	\$ <u>137.50</u>
Mailing Address	<u>8/30/10</u>	\$ <u>62.50</u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u>1493.75</u>
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STEPHEN Burrell</u>	<u>9/3/10</u>	\$ <u>287.50</u>
Mailing Address	<u>9/10/10</u>	\$ <u>275.00</u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u>2056.25</u>
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STEPHEN Burrell</u>	<u>9/17/10</u>	\$ <u>250.00</u>
Mailing Address	<u>9/24/10</u>	\$ <u>662.50</u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u>2968.75</u>
Purpose of Disbursement (Optional)		

Name of Candidate or Committee

DAVID BARIA

Reporting period

1/1/10

through

12/31/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STEPHEN Burrell</u>	<u>10/1/10</u>	\$ <u>137⁵⁰</u>
Mailing Address	<u>10/14/10</u>	\$ <u>91.14</u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u>3197.39</u>
Purpose of Disbursement (Optional)		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STEPHEN Burrell</u>	<u>11/1/10</u>	\$ <u>200⁰⁰</u>
Mailing Address	<u>11/10/10</u>	\$ <u>168⁷⁵</u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u>3566.14</u>
Purpose of Disbursement (Optional)		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>STEPHEN Burrell</u>	<u>12/17/10</u>	\$ <u>150⁰⁰</u>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u>3,716.14</u>
Purpose of Disbursement (Optional)		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Rhino Construction</u>	<u>12/29/10</u>	\$ <u>1,000⁰⁰</u>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u>1,000.00</u>
Purpose of Disbursement (Optional)		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$ <u> </u>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u> </u>
Purpose of Disbursement (Optional)		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$ <u> </u>
Mailing Address	<u> / / </u>	\$ <u> </u>
City, State, Zip Code	Aggregate Year-to-date	\$ <u> </u>
Purpose of Disbursement (Optional)		